



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E341002**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-1569		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	MAILBOX

DATE OF COLLISION	07 - 05 - 2014	TIME (2400)	1100	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

95 AV BLOCK NO. ☒ 17 MILE POST ☐

DISTANCE OF (REFERENCE OR CROSS STREET)

17TH PL

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE SATU MODEL 4D STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4257601858

LAST NAME HEVIA FIRST NAME EMERSON MIDDLE INITIAL

STREET NEW ADDRESS 9522 17TH PL NE

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX M D.O.B. 11 - 29 - 197 2

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) C. WELLS #131 BADGE OR ID # 131 AGENCY WA0311900



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E341002**

CASE # **14-1569**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
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PASSENGER ☐ WITNESS ☐ UNIT #

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AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 7/7/14 at 1719, I responded to a report of a collision that allegedly occurred on 7/5/14 at approx 1100am. I was told a black 4 door Saturn sedan had hit a cluster of mailbox unit and knocked it over.

I looked and could see the mailbox in question was still upright. I could see that it had been hit and the metallic base was slightly cracked.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-11-14 09:58 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

7/12/2014 3:26:36 PM

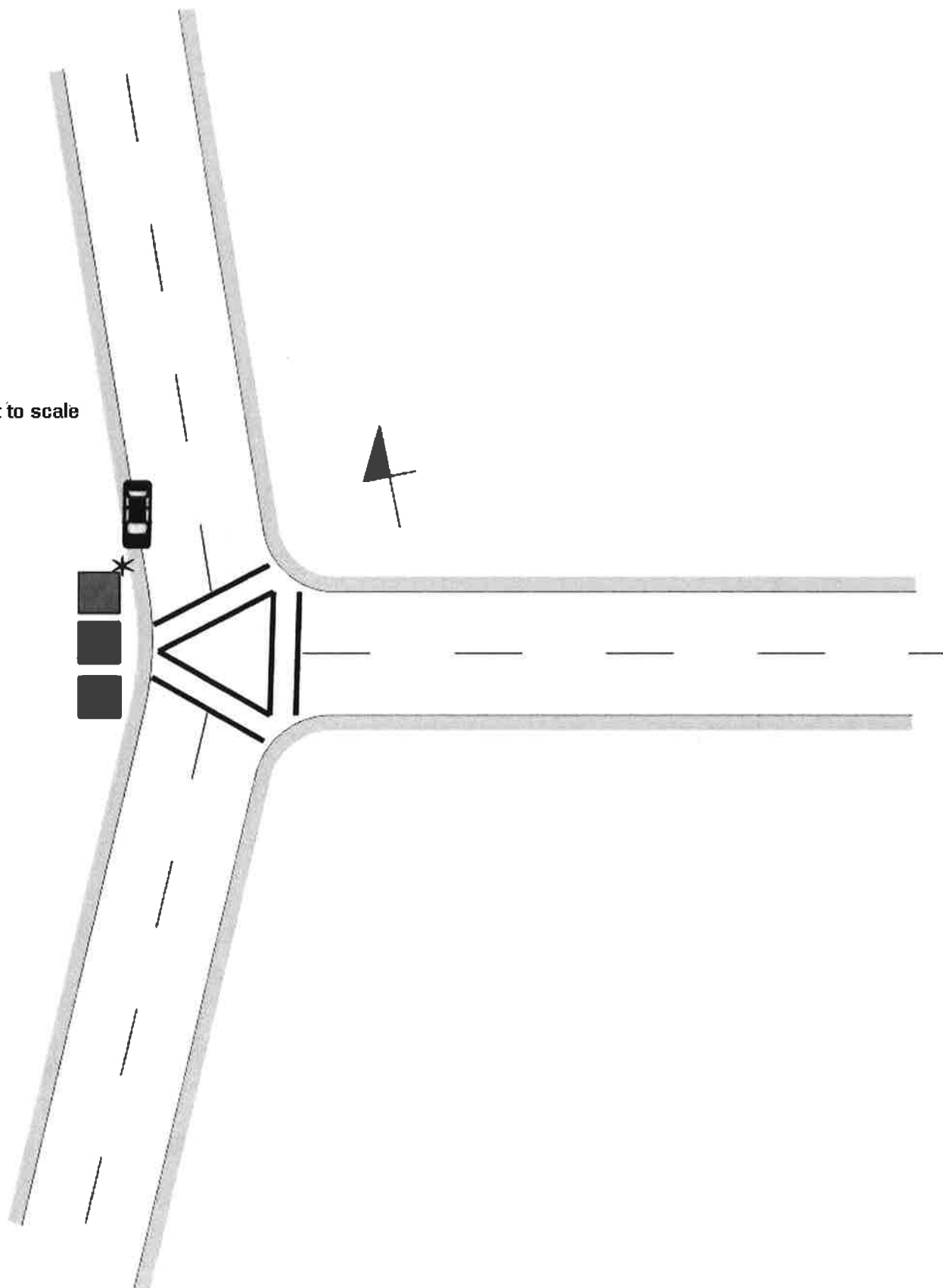
BADGE OR ID # **131**

ORI # **WA0311900**

TIME POLICE DISPATCHED **5:19 PM**

TIME POLICE ARRIVED **5:37 PM**

not to scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-~~1568~~ 1569

VICTIM / WITNESS


NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hevia, Emerson	RACE W	ETH US	SEX M	DOB 11/29/72	AGE 41	HGT 5-10	WGT 190	HAIR Brn	EYES Brn
STREET ADDRESS 9522 17 th PL NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 760 1858		CELL PHONE 425 760 1858		PLACE OF EMPLOYMENT Tamar America						
WORK PHONE		EMAIL ADDRESS Stevenscovehazap@gmail.com								

I, Emerson Hevia, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I'm an elected officer of the Stevens Cove Homeowners Association (secretary officer).

On July 5th (approx 11am) a black Saturn 4 door sedan was reported to have hit one of three cluster mailbox units and drove away. The witness observed the car contact the mailbox with the front passenger side panel. The mailbox is under the responsibility of the HOA.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED July 7 th , 2014	LOCATION SIGNED 9522 17 th PL NE
OFFICER/NUMBER: C. W. Jones / 131	DATE SIGNED 7/7/14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14013152

Case Numbers: \$SS14001569

Entered 07/07/14 17:19:51 BY SPCT03 JEFFP
Dispatched 07/07/14 17:21:44 BY SPSC40 SP0326
Enroute 07/07/14 17:21:44
Onscene 07/07/14 17:37:06
Closed 07/07/14 18:12:56

Initial Type: FLUP Initial Alarm Level: Final Alarm Level:
Final Type: MAL (MAL MISCHIEF, NON PRIORITY) Pri: 3 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: WEST
Src: T
Loc: 9522 17 PL NE ,LKS btwn 95 AV NE & DEAD END (V)

Loc Info:

Name: HVIA, EMERSON Addr: Phone: 4257601858

/1719 (JEFFP) ENTRY , CC FROM LKSPD WELLS REF EARLIER CALL.
/1721 (SP0326) HOLDU 19R1
/1721 DISPER 19R1 #SS131 WELLS, OFCR (CHAD)
/1737 (SS131) *ONSCNE 19R1
/1742 (SP0346) ASNCAS 19R1 \$SS14001569
/1812 CLEAR 19R1 D/H T/MAL
/1812 CLOSE 19R1

ORIGINAL
LSPD